

Altruism and helping: the evolution of a field:
The 2008 Cooley-Mead Presentation

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The 2008 ASA meetings mark the 50th anniversary of the social psychology section of the ASA. The year 2008 also marks the 100th anniversary of the publication of the first two books with the words “social psychology” in the title. Prophetically, one “An introduction to social psychology”, was written by a psychologist, William McDougall of Harvard and later Duke, and the other “Social psychology, an outline and source book” by a sociologist, Edward .A. Ross, from the University of Wisconsin. The University of Wisconsin celebrated this milestone on the weekend of September 26th, 2008. Both men wrote – broadly viewed – on the topic of this talk. McDougall was an instinct theorist who in those early days of behaviorism was swimming against the behaviorist stream, which soon became a torrent. He spoke of the maternal instinct, which he thought was the basis of our concern for the needs of others: “for from this emotion and its impulse to cherish and protect spring generosity, gratitude, love, pity, true benevolence, and altruistic conduct of every kind; in it they have their main and absolutely essential root, without which they would not be. (p. 74)”

Ross was by all accounts a socialist. He was fired from Stanford for saying radical things – which was how he ended up at that hotbed of freedom of expression, Wisconsin. He wrote an essay on the evils of irresponsible financial greed, and late in his life was quoted as saying, "There may come a time in the career of every sociologist when it is his solemn duty to raise hell." ([Http://www2.asanet.org/governance/ross.html](http://www2.asanet.org/governance/ross.html)). His social psychology book did not specifically discuss altruism or helping behavior. We can see McDougall perhaps as focused (like

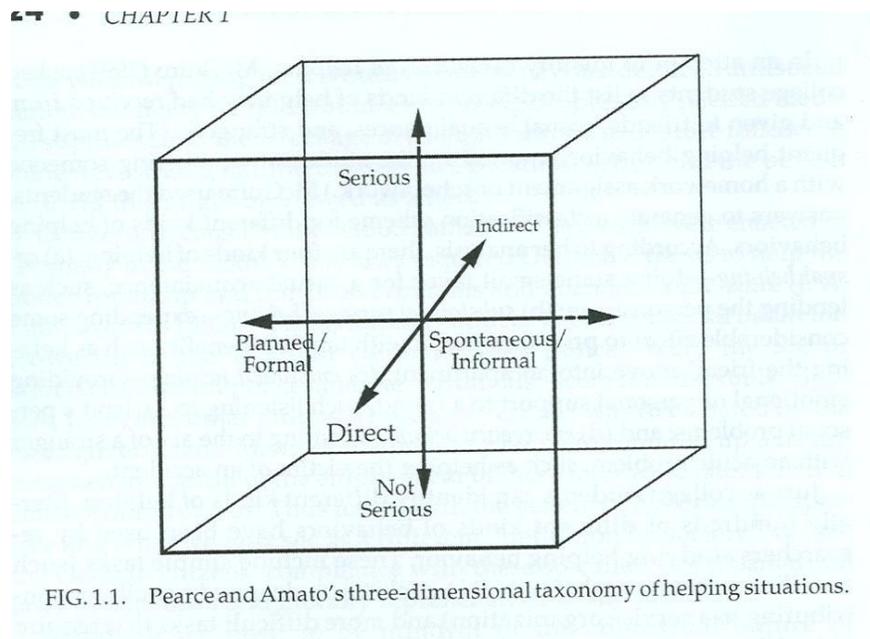
a good psychologist) on individual actions and Ross (as a committed sociologist) on the social and institutional means for helping others – including occasionally raising hell.

2008 is also the 40th anniversary of the publication of the first empirical article on what became the first – and perhaps in many people’s minds the main – topic in the social psychology of altruism and helping behavior. It was in that year that Darley and Latane’ published, in the *Journal of Personality and Social Psychology*, the flagship journal of psychological social psychology, the paper “Bystander behavior in emergencies: Diffusion of responsibility.” This article was their first report of a series of laboratory studies that were designed to simulate some aspects of the famous Kitty Genovese incident. Two years later, Latane and Darley published their book, *The nonresponsive bystander: Why doesn’t he [sic] help?* For roughly the next 20 years, this was the paradigm for the study of helping behavior.

What were sociologists doing at this time? The late sixties through the 70's saw considerable research on social movements (soc abstracts has 1881 citations, compared to 303 for altruism, prosocial behavior, and helping behavior combined), including the important book, *Freedom Summer* (published in 1988), by Doug McAdam, a study of the students – mainly white – who went to the South to facilitate the civil rights movement. So again, here at the inception of the empirical study of helping behavior and altruism, we see psychologists focused on the *individual* and his [sic] motivation. In the case of Darley and Latane, it was the motivation NOT to help. Sociologists were studying *collective action* in the service of the betterment of society as a whole, and trying to understand the causal factors in this involvement. Have these two threads ever come together? Actually – no. And one of my conclusions will be that they need to.

I will now turn to explicating the answers to a number of questions that mainly psychological social psychologists have addressed in the realm of altruism and helping behavior, and to an attempt to present an organization of the field as it now exists. In this I borrow heavily from a recent book, *The social psychology of prosocial behavior*, I co-authored with Jack Dovidio, David Schroeder, and Lou Penner..

First, some terms: prosocial behavior, helping behavior, altruism, cooperation, positive psychology. Of these, prosocial behavior is the most general, altruism the most controversial. They are hopelessly jumbled in the literature. Prosocial behavior is defined by us (DPS&P, p.20) as “a broad category of actions that are ‘defined by society as generally beneficial to other people and to the ongoing political system’ (pdgc, 1981, p. 4).” Helping behavior is defined as “an action that has the consequence of providing some benefit to or improving the well-being of another person”(p. 22). There is a well-known classification scheme for helping situations (Pearce and Amato, 1980). See the following figure (p. 24).



Altruism can be seen as either a particular type of helping or a particular kind of motivation. We define altruism in the former sense, following Macaulay & Berkowitz, 1970, as “cases in which the benefactor provides aid to another *without the anticipation of rewards from external sources for providing assistance*. A more recent definition (Aronson, Wilson, and Akert, 2004) is “Altruism is helping purely out of the desire to benefit someone else, with no benefit (and often a cost) to oneself”(p. 382). Batson (1991, 1998) focuses more on the motivation than on the act. He claims the important contrast is between helping that is motivated by *egoistic* concerns (e.g., “If I help that person, it will make me feel good and look good to others”) and helping that is motivated by *altruistic* concerns (e.g., “I want to help this victim avoid further suffering”). The sociologist/philosopher Auguste Comte (1851/1975) of course first coined the term “altruism” as a contrast to “egoism.” Many people believe that there is no such thing as altruism, and the question of whether one can prove its existence has occupied a lot of time in my field.

With all of the previous terms, the direction of action is one way. Person A is doing something *for* person (or group, or organization) B. Cooperation is another matter. Michael Argyle (1991) defines cooperation as “acting together, in a coordinated way at work, leisure, or in social relationships, in the pursuit of shared goals, the enjoyment of the joint activity, or simply furthering the relationship” (p. 4). In cooperation, everyone can expect to benefit – this is of course why we do it. In cooperating, we can attain goals that one person cannot easily accomplish alone. I will not talk more about cooperation, since it is somewhat less problematic as a process.

What of the term “positive psychology”? This is a relatively recent conceptual area.

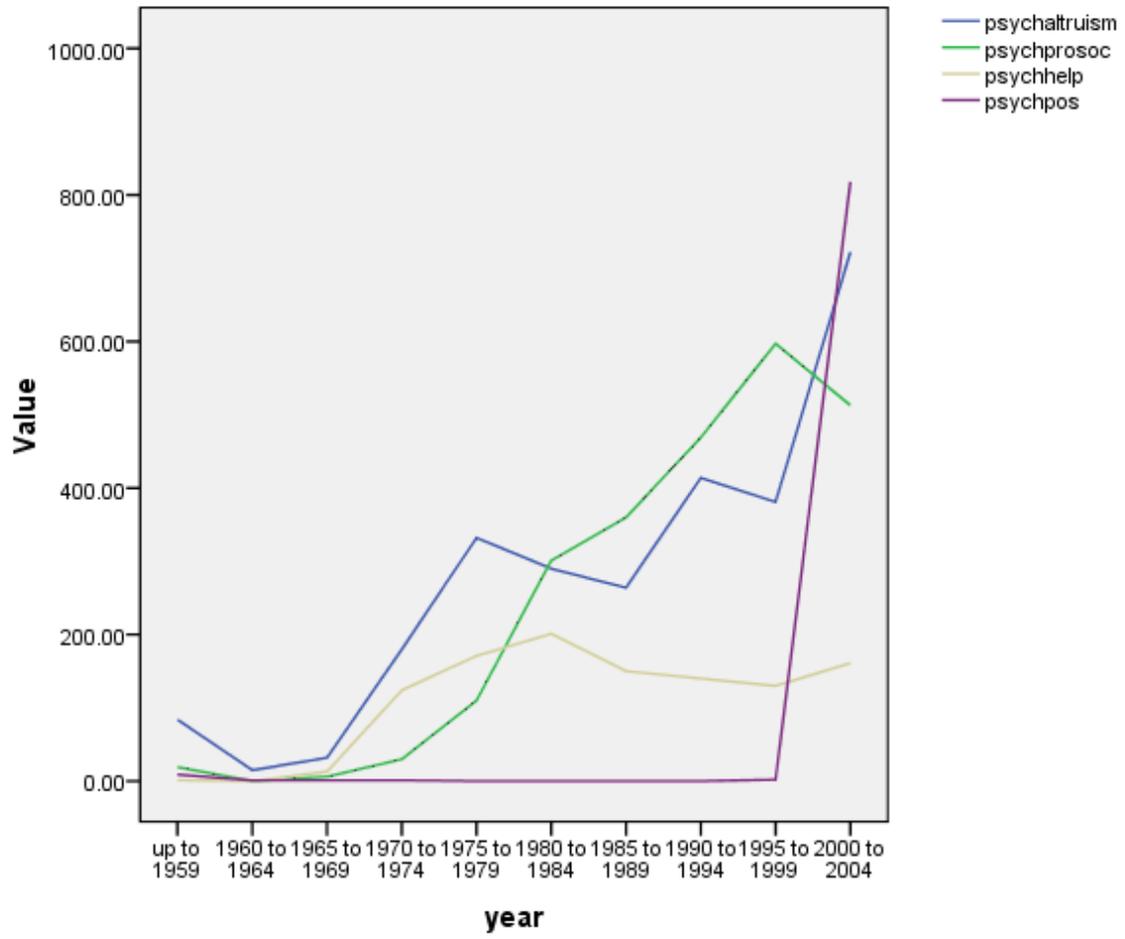
Seligman defines positive psychology as "the scientific study of positive experiences and positive individual traits, and the institutions that facilitate their development." "(P)ositive psychology has three central concerns: positive emotions, positive individual traits, and positive institutions. Positive emotions are cultivated to achieve contentment with the past, happiness in the present, and hope for the future. Positive individual traits (strengths and virtues), such as compassion, resilience, creativity, curiosity, and integrity, are cultivated to help us weather the storms and stresses of life. Positive institutions are cultivated to foster better communities and ensure justice, responsibility, tolerance, and a sense of meaning within the larger society." "The challenge is for humanists to develop their signature strengths to contribute to the community and promote the greatest happiness for the greatest number." (<http://humaniststudies.org/enews/?id=298&article=1>) The relevance of this area for this talk lies in its connection to the *results for the helper* in emotional, psychological, even physical aspects. As I will show, there has been considerable research that indicates strong mental and physical health effects as the result of engaging in community service.

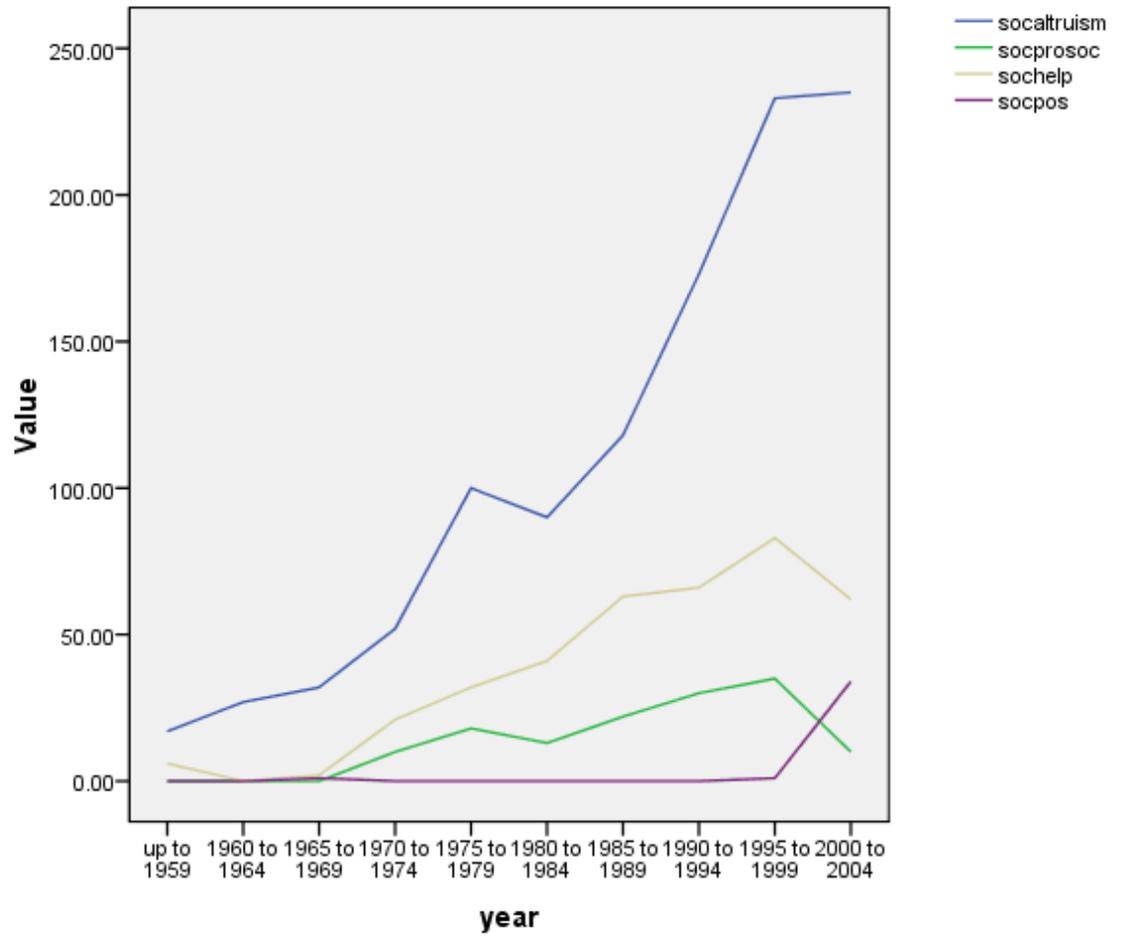
How much research has been done on these topics since the 1960's? Of course, the amount of research on *everything* has been increasing, but what do we see in regard to these terms? I simply did a search on both the Soc and Psych abstracts and got the following.

[Insert Figure 1 here]

The two things that jump out to me from these citation rates are 1) the use of the term helping behavior has dropped since the peak in the early 80's, while 2) the term positive psychology has come out of nowhere since the year 2000 to compete with altruism and prosocial behavior.

With this as background, I'd like to talk a little bit about some of the big questions that





have been addressed in this area and where we have gotten in terms of actually answering them.

The first question is, of course, the one Darley and Latane asked in the late 1960's: *Why don't people help in an emergency?* Their answer was, of course, diffusion of responsibility along

with, under some circumstances, incomplete knowledge regarding what others may have done. I

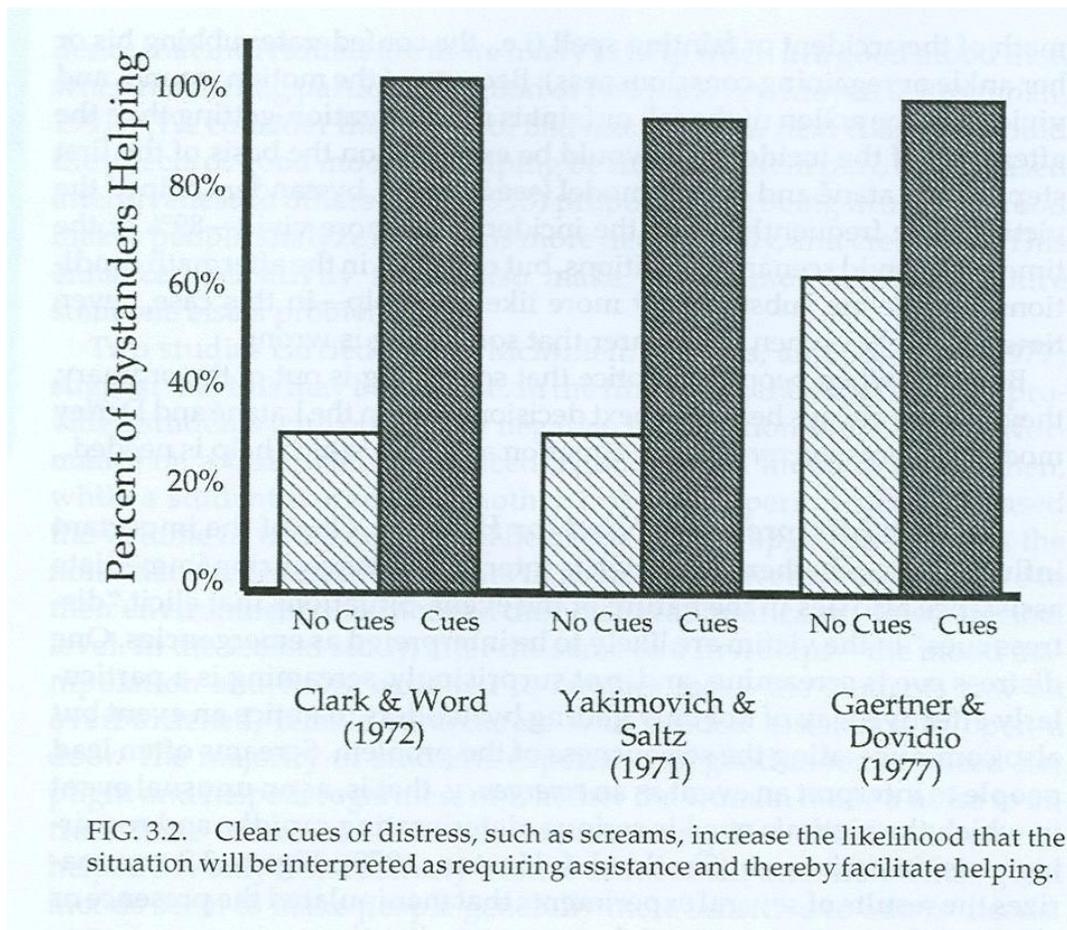
truly do believe that this is one of those areas in which we can say with confidence that no more

research is needed! It is in fact **not** the case that people never help in an emergency. *Some*

people help *under some circumstances in some emergencies*. A combination of clarity and

severity of the emergency, certain victim characteristics, the absence of others who might help,

and the presence



of certain personal characteristics (emergency training, impulsiveness, self-confidence) predicts intervention. And when these characteristics are present, we find no diffusion of responsibility.

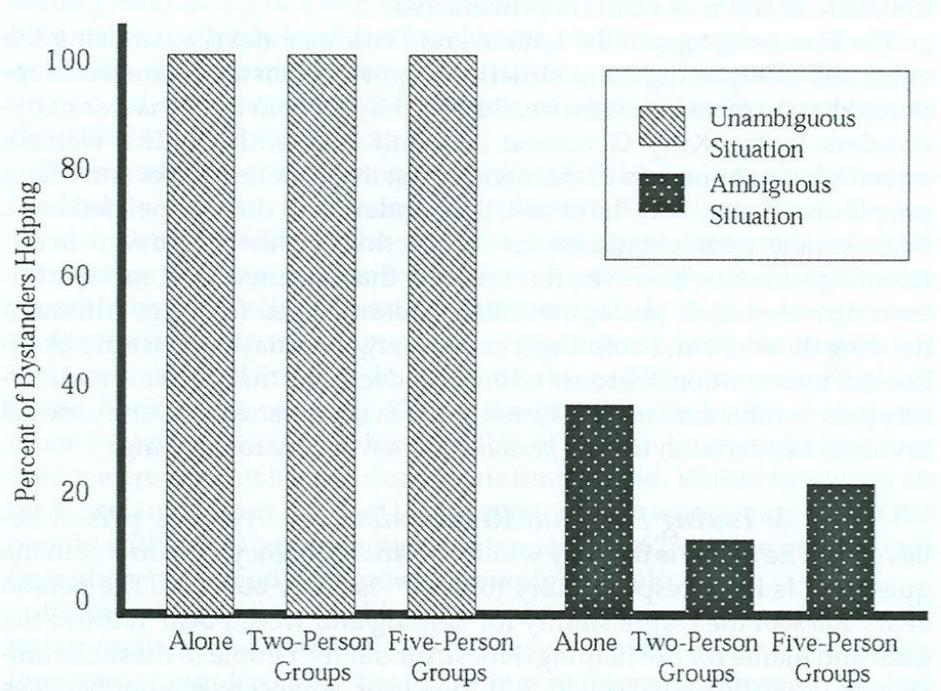


FIG. 3.3. The impact of informational social influence is stronger in ambiguous than in unambiguous situations. Adapted from Clark and Word (1972), with permission.

There are several theories that do quite well in predicting the incidence of help in emergencies. Examples of high levels of helping: cane victim in the subway – average time was about 10 seconds. Look for others.

Why **do** people help?

Once we had become convinced that some people helped some of the time, the next question was – rather than why people do not help – why they do. What is the source and nature of the motivation to help? In the late 1960's, Irv Piliavin and I (mainly Irv) came up with a theoretical model that assumed that actual emotional and physiological arousal that results from seeing another person in difficulty was the motivating force. We then assumed that the bystander went through a process of cost-benefit analysis in attempting to decide what to do. Diffusion of responsibility was one possible outcome, which was more likely under high perceived costs for intervention. Some support for this process was generated over time. In my 1981 book with

Costs for Direct Help

		<i>Low</i>	<i>High</i>
Costs for No Help to the Victim	<i>High</i>	Direct Intervention	Indirect Intervention or <div style="display: flex; align-items: center; justify-content: center;"> → <div style="border-left: 1px solid black; padding-left: 5px;">Redefinition of the situation, disparagement of victim, diffusion of responsibility</div> </div>
	<i>Low</i>	Variable: A function of perceived norms in the situation	Leave the scene, ignore, deny

FIG. 3.4. Costs for direct help and costs for no help to the victim combine to determine how people will respond. Adapted from Piliavin et al. (1981), with permission.

Gaertner, Dovidio, and Clarke, we modified the model to include a sense of “we-ness” as an intervening factor, which brought our model closer to the work of Batson using empathy as an intervening mechanism.

Throughout the 1970's and 1980's, Bob Cialdini and Dan Batson had a running battle in which Dan was trying to show that *some* helping *some* of the time was truly altruistic, while Bob was attempting to demonstrate the classic economists' position that all actions are based on self-interest. That is, all helping is egoistic. This contest was carried out mainly in the pages of the *Journal of Personality and Social Psychology*, using ingeniously designed laboratory experiments. The coup de grace to Cialdini's position came, I believe, in 1990, when Jack Dovidio, who *agreed* with Cialdini, did his own experiment, expecting to be unable to find evidence for altruism. However, he eventually subtitled his article "evidence for altruism", because that was what he found. So, again, in my mind this is a question that has been answered. Some people, some of the time, do help other people out of altruism. The intervening process, as Dovidio and others have shown, appears to be empathy. When we empathize with the victim, our helping will be altruistic – that is, unaffected by rewards and punishments to us.

What are the origins of helping and altruism?

Along the way, others have been asking not what is the nature of altruism, helping behavior, prosocial actions, but rather what are its sources? One of these questions is whether the tendency to help is innate in the human species. No sophisticated social psychologist of course would hold forth for a pure sociobiological or psycho-genetic position. However, once one has decided that at least some people help altruistically some of the time, the nature-nurture question does rear its head. For me, the most convincing writing on this topic comes from the book, *Unto Others* by Sober and Wilson, neither of whom is a social psychologist. Sober is a philosopher and Wilson is a biologist.

Their first question was “how could altruism possibly have evolved, given that it reduces an individual’s overall fitness?” Their answer includes not only the usual ideas about kin selection and reciprocal altruism, but also group selection, an idea raised by Darwin and others that had been rejected by biologists in the 1960’s. That is, groups that have more altruistic members will out-compete groups with fewer. A simulation study by Morgan (1985) supports this idea. It is much too complex to report in detail, but regardless of the proportion of altruists in the population to begin with, 5% or 29%, over 100 generations or less all groups were at 100% altruists.

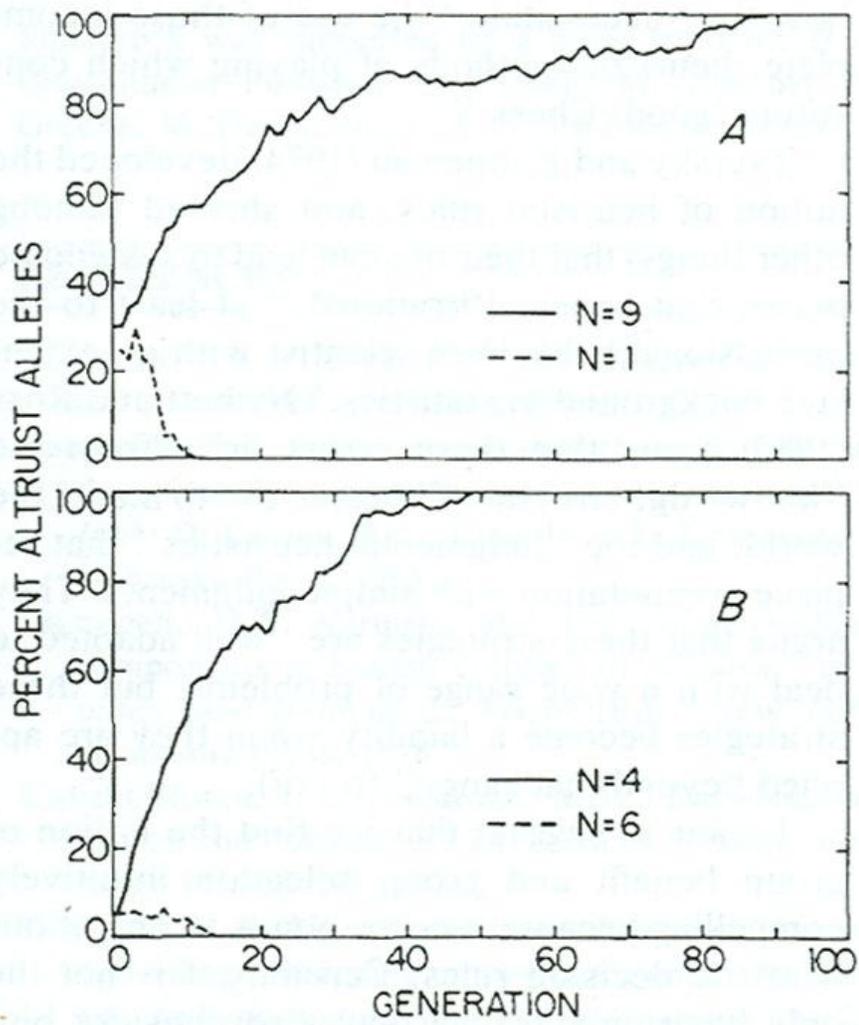


Figure 1. Average percent A allele, by generation, in

Certain assumptions were built into the models, but they appear to be realistic assumptions.

The data also come out with the reasonable finding that altruists, as individuals, are at a disadvantage in clans that are mixed.

Table 3. Average fitnesses of Altruists and Nonaltruists in Clans of Different Compositions

	Altruists	Nonaltruists
<i>Clan Type</i>	1.76	—
Pure altruist		
Half or more altruist	1.67	1.77
Less than half altruist	1.08	1.29
Pure nonaltruist	—	1.01

Sober and Wilson

present a multi-level selection model that includes all three kinds of selection. The last sentence of the biological section of their book reads, “At the behavioral level, it is likely that much of what people have evolved to do is *for the benefit of the group*.”

In the “psychological altruism” half of the book, similarly, a strong argument is made for the likelihood that human beings are pluralistically motivated. That is, using the example of parental care (which is closely linked to reproductive success and to altruistic tendencies), they argue that kids will get better care if their parents both *want* them to do well (altruism) and *feel bad* (hedonistic motivation) when they don’t. So the most successful parents in terms of the survival of their kids are those who *can* be motivated either by altruism or by self-interest or by some combination of the two. In their arguments they rely heavily on the empirical work of Dan Batson.

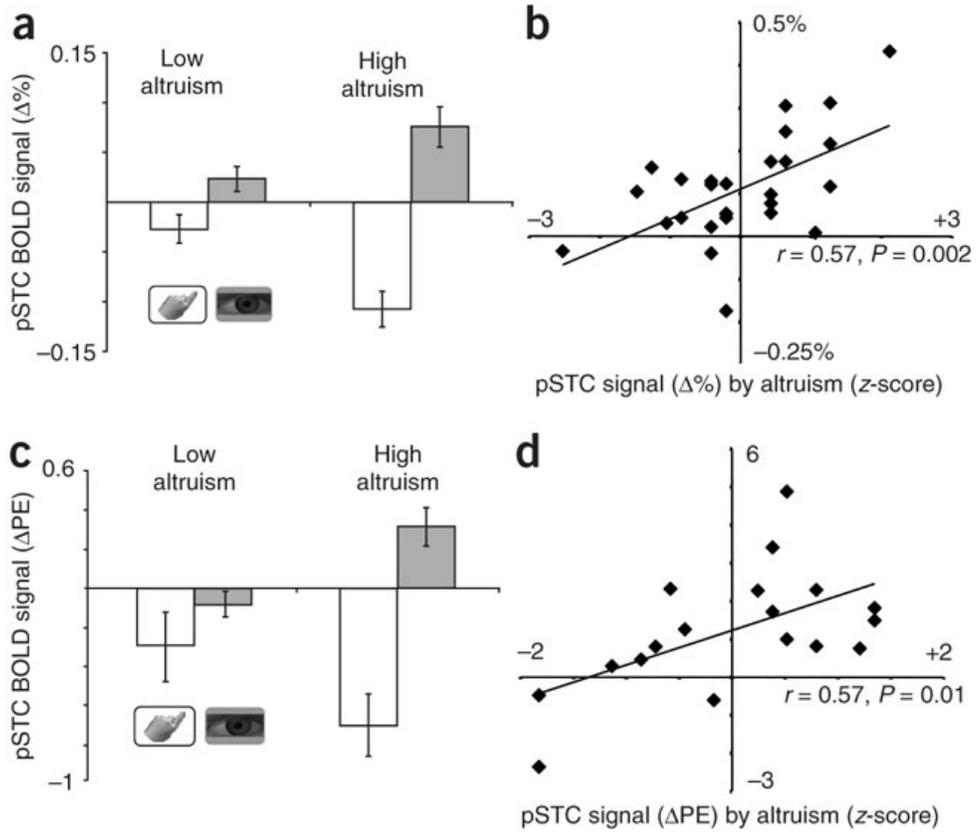
So what evidence is there for the innate basis and/or heritability of altruistic tendencies?

There is research that indicates that infants have a primitive form of empathy immediately after birth. Long ago, Arlitt (1930) and Humphrey (1923) observed that 4-month old babies cry when they hear others crying. More recent experimental work has used 1 day old infants (Martin and Clark, 1982), who were systematically exposed to the cry of another child, of a baby chimp, and their own cry. They cried the most to the sound of the other newborn infant, not to their own. Two other studies found similar results. It is hard to argue that learning is involved in this finding.

What of heritability? Using twin methodology Matthews et al (1981) found that 71% of variability in empathy in response to others' distress was due to genetic influences. Rushton and colleagues (1986) estimated the heritability of altruism as measured by a self-report instrument to be about 50%. More recent work with children (Davis et al, 1994; found somewhat smaller estimates of the heritability of affective empathic tendencies (.28 for empathic concern and .32 for personal distress vs. 50%). There was no apparent genetic contribution to cognitive empathy or perspective-taking. Zahn-Waxler et al, 2001, also found heritability of positive and negative empathy, but discovered that the heritability went *down* from age 14 months to 20 months. This of course make an important point: Biology is not destiny. (Which all good socialists and sociologists know.) The fact that a behavior has a genetic component does not necessarily diminish the importance of environmental and social influences. Here we see that effect before the age of two in over-riding a genetic component.

If there is a genetic basis for empathy, there must also be a physiological one. Very recently, studies of brain function are being done on this question. This work is so recent that it does not even appear in our 2006 book. Tankersley, Stowe, and Huettel (2007) have reported on

evoked potentials research that shows that when high altruism people are watching the actions of others they respond more strongly in a brain area related to empathy than do low altruism people.



Moll, Krueger, Zahn, Pardini, de Oliveira-Souza, and Grafman (2007) did an fMRI study of mesolimbic areas of the brain associated with reward and in prefrontal areas implicated in moral judgments. They found that both donating and receiving money stimulate one reward area; this indicates that giving can be rewarding. Only donating, however, stimulated an area also associated with social attachment and affiliative rewards in both humans and animals. Costly donation or opposition – essentially taking a moral stand of some kind – stimulated prefrontal areas associated with altruistic punishment and moral appraisals. Finally, the strength of the activation of these prefrontal areas was associated with self-reports of real life volunteering. The authors conclude, “Taken together, these lines of evidence indicate that human altruism draws on general mammalian neural systems of reward, social attachment, and aversion . . . however, altruism tied to abstract moral beliefs relies on the uniquely developed human anterior prefrontal cortex.”

Finally, Zak and colleagues (2007) have been studying the relationship of oxytocin to generosity. Oxytocin is a chemical that is involved in labor and delivery and in the “let down” response during lactation. In animals it facilitates attachment to offspring (what did McDougall say in 1908?) And in cohabiting monogamous partners. In this study – I will spare you the details – it increased generosity 80% over placebo in a dictator game played between strangers. The authors of the previously discussed fMRI study were at pains to point out that the mesolimbic area that was, in their study, stimulated *only* by donation “plays a key role in controlling . . . the release of . . . oxytocin.” My conclusion from this emerging research is that the brain is wired for empathy and other-oriented action and the hormone system contributes to it.

The next question is, “To what extent can altruism be trained?” Most sociologists – and I suspect most people – believe that the most important contribution to how other-oriented individuals grow up to be lies in early training and experience. What do we know about how to raise an altruistic child? It is clear from a number of studies, such as Radke-Yarrow, Zahn-Waxler, Wagner, and Chapman (1992), that empathy and helping behavior both increase

with age in very young children.

There is also good evidence that as children grow up, their level of prosocial moral reasoning changes. Eisenberg (1982) shows that initially children help to avoid punishment and obtain rewards. Later empathy comes in, and then internalized values, norms, duties, and responsibilities. Older children will say, “I would feel bad if I didn’t help because I’d know that I didn’t live up to my values.” These stages appear to be widespread across cultures and are related to empathy and prosocial behavior. Probably reasoning and behavior are mutually reinforcing rather than one causing the other.

How does this happen? How do you raise a prosocial child? First, social rewards such as praise are more effective than monetary or other tangible rewards. If punishment is used, it is clear that love withdrawal is more effective and power assertion least. But induction – not really punishment – is most effective. Induction involves sitting the child down and reasoning with him or her regarding the consequences a course of action. It probably works because it leads to empathizing and also provides information regarding normative expectations.

We all “know” the deed speak louder than words. What are the effects of modeling

versus preaching generosity? Rushton (1975) did a study in which a model either acted in a

prosocial way or selfishly, and either preached selfishness (greed is good!) or generosity. Both factors had effects, but as can be seen in the graph, actions spoke louder than words in terms of how generous the children were when given a chance to share.

Is it more effective to praise a child or to tell the child that he or she is “the kind of person who enjoys helping?” The latter would, be called “labeling” or “altercasting” by sociologists and “attribution” by psychologists. Grusek and Redler (1980) did a study in which children were induced to do a nice thing and then were either praised or told they must be a helpful person. They were given opportunities to be generous immediately, after one week, and again after two weeks. The results as shown in this figure were striking. The differential impact favoring attribution grows over time.

Socialization does not end with the end of childhood. How do adults learn to be more prosocial? The answer given by many sociologists is through identity development leading to long term commitment to altruistic action. In identity theory (e.g. Stryker, 1980) the more an individual *voluntarily* performs a role, the more likely it is that he or she will develop an identity tied to those actions. Furthermore, the more others there are who *know* the individual engages in that activity, the more the person will be “altercast” in that role. 1) Modeling by others and other variables also contribute. This process has been shown (Lee, Piliavin, and Call, 1999) for blood donation, giving time, and giving money. The following figure shows the results for blood donation.

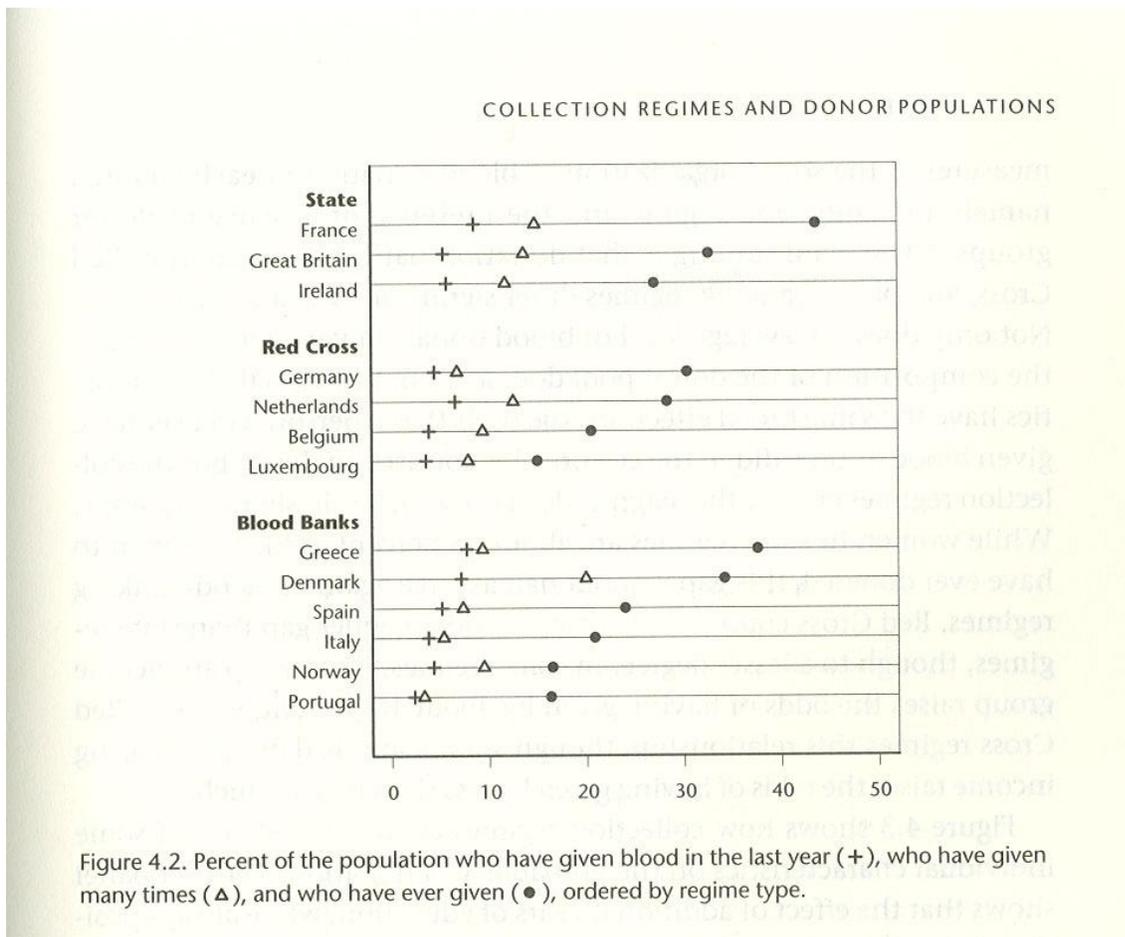
There has been a quite recent replication of this model by Marta, Manzi, and Vignoles, 2005 in Italy. It was a three-year study of volunteering, which explicitly tested our role-identity model as well as the theory of reasoned action. They found that all of the antecedent variables had their influence on the outcome variables of intention and volunteering through the intervening variable of identity.

Thus, throughout life one can come to develop new role identities, some of which can be altruistic in nature.

For most of us, a large of part of our lives is spent in formal organizations. How is helping/altruism related to participation in organizations? Organizational factors can contribute to recruitment and maintenance of institutionalized helping such as volunteering and giving blood. Grube & Piliavin (2000) studied organizational factors predicting role identity as an

American Cancer Society volunteer and subsequent volunteer participation. They found that two perceived organizational characteristics: prestige of the organization and use of funds, essentially a measure of the integrity of the organization, predicted role identity as a cancer volunteer. A stronger role identity, in turn, predicted more hours spent volunteering and a decreased intention to quit.

The most sociological work of all that I've seen has been that of Kieran Healy, who has studied blood and organ donation. His research on blood donation in the European Union focused on the *type* of blood collection system: governmental, Red Cross, or blood banks. His interest is in how the different regimes of the systems affects both the amount of blood collected and the kinds of people who give blood.



The preceding graph shows that state-run systems are highest in getting involvement from a large number of people at least once (although the blood banks in Greece and Denmark are also very good on this variable). The graph that follows shows the relationship of type of system to two donor characteristics: level of education and ties to donation recipients. State systems appear

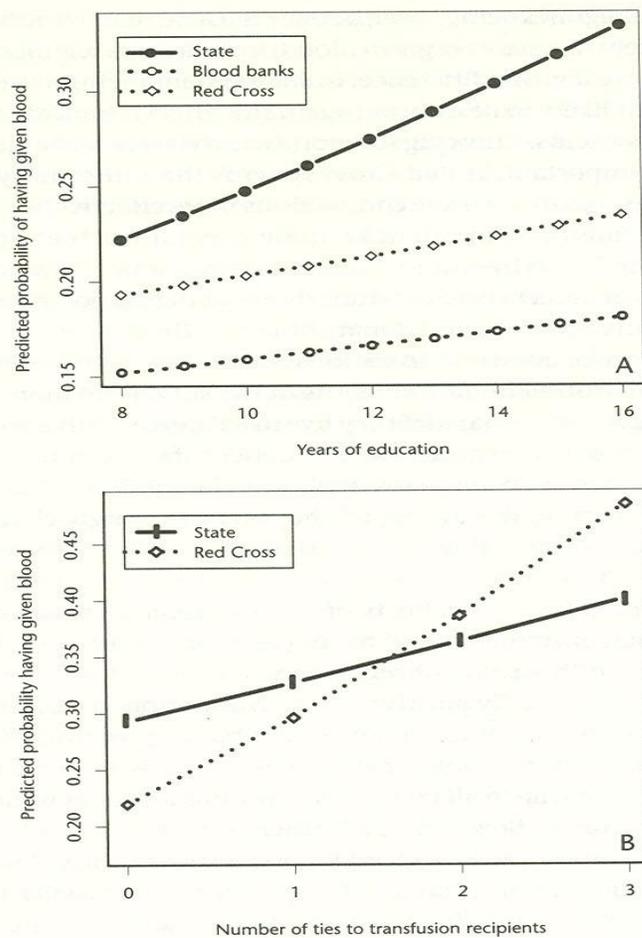


Figure 4.3. How collection regimes change the effect of individual characteristics on donation. Panel A shows that increasing years of education always increases the odds of having given blood, but the size of the effect varies with the collection regime. Panel B shows that having more ties to transfusion recipients increases the odds of having given blood, but more so in Red Cross than in state regimes.

to more heavily target the better educated than do blood banks and the Red Cross, while the Red Cross goes after relatives and friends of blood recipients with greater vigor. Since individuals give blood and volunteer through organizations, it behooves more of us to attempt to study how those organizations go about obtaining their participation.

People are also studying helping behavior *within* organizations. Organizational citizenship behavior (OCB) can be defined as doing more than is required by your job to help other workers (altruism) or the company itself (conscientiousness). What leads workers to do this? Organ and Ryan (1995) found in a meta-analysis that job satisfaction was the single best predictor of both kinds of OCB. Other important factors are organizational commitment and the perception that one is being treated fairly by the organization (organizational justice). Finally, Finkelstein and Penner (2004) and Krueger (2004) measured an organizational citizen role identity and correlated this factor with independent ratings of employees' levels of OCB. In both studies, there were significant correlations. Krueger found connections between organizational justice, role identity, and OCB. Thus feeling well treated leads to role identity which leads to altruistic actions, just as in the research on volunteering.

Principled organizational dissent, otherwise known as whistle-blowing, can be defined as “the effort by individuals in the workplace to protest and/or to change the organizational status quo because of their conscientious objection to current policy or practice . . . which violates [a] standard of justice, honesty, or economy (Graham, 1986, p.1)” Both organizational and personal factors influence the performance of organizational dissent. It seems most likely when an individual perceives that his/her values or identity is inconsistent with behaviors perceived to be occurring in the organization. Piliavin and Grube (2001) found that a strong role identity as a

nurse, combined with a high level of perceived medical errors led to reporting of those errors. The perception that there was a congruence of values between the nurse and her supervisor also contributed to the willingness to report.

How is helping/altruism related to historical events? We have talked about volunteering as a long-term commitment to helping others in the community and the community itself. We noted that it is usually the results of a considered decision involving cost-reward calculations. It is unlike emergency intervention in that emotions are not very heavily involved. However, major events such as catastrophes can bring many more people into volunteering (as well as informal helping). A study done by Penner and his colleagues (2005) tracked volunteering on a website named Volunteermatch ([Http://www.volunteermatch.org](http://www.volunteermatch.org)), which has existed since

1998. They used data from 2000 and 2001 to investigate the impact of the attacks of 9/11/2001 on volunteering. The graph above presents their striking results. The spike on the 2001 graph shows the number of new volunteers in the partial week in which the attacks occurred on a Tuesday, the following week, and the week after that. These people were not just volunteering for disaster work in the affected communities. They were volunteering all over the country for work of all kinds.

My final question is, “What are the consequences of helping behavior for the helper?” Sociologists, beginning in the early 1990's, have been asking what the health and well-being consequences are for community involvement such as participating in clubs and organizations and doing formal volunteering. A great deal has been written on this topic, which I will attempt to summarize very briefly. The concurrent effects on adolescents and young adults seem to involve keeping them “on the straight and narrow:” keeping them in school, out of delinquency and other problem behavior. There are also some long-term effects. First, there are educational and occupational status effects. For example, Piliavin has found that students who were more involved in extracurricular activities in high school, are more likely to go to college, controlling for the other important predictors of college attendance. Also, volunteering in college in the 1970's led to higher level occupations for women in 1991 in a study done by Wilson & Musick (2003). Finally, many researchers have found that adolescent volunteering leads to a greater likelihood of community involvement later in life.

Effects of community participation on adults and the elderly in general are positive, and similar for adults and the elderly, but stronger for the elderly. 2)Dimensions on which effects have been found are mood, life satisfaction, depression, psychological well-being, self-reported health, and mortality. In general, there is a “dose-response curve,” such that more volunteering

leads to better outcomes up to some inflection point, after which more is either ineffective or negative.

In 1994, Midlarsky and Kahana came up with this model of factors affecting healthy aging:

By manipulating the situational factor of perceived opportunities to help, they were able to increase volunteering in their “experimental” group, and found that it led to greater well-being.

Assuming that this indeed a causal effect, how does it work? What are the mechanisms by which community participation, specifically volunteering, increases health and well-being in the elderly? The old Durkheim notion of integration in the community, leading to decreased anomie is a candidate. The psychological reflection of this, I contend, is the concept of “mattering,” introduced by Rosenberg & McCulloch (1981) and operationalized by Elliott, Kao, and Grant (2004). Erica Siegl and I recently (2007) published a study using the Wisconsin Longitudinal Study. This research has followed a random one third of the graduating class of 1957 in the state of Wisconsin from that year through the most recent wave of interviews in 2004. The participants were at that time 64 years old. We hypothesized the following:

1. Volunteering will be positively related to psychological well-being and self-reported health, and more strongly related than more self-oriented organizational participation.

2. Volunteering for more organizations, and more continuous involvement in those organizations, will lead to more positive effects.

3. The volunteering - psychological well-being relationship will be moderated by level of social integration: those who are less well integrated will benefit the most.

4. The impact of volunteering on well-being will be mediated by the sense of mattering.

The table on the following page presents the results. All four hypotheses are supported. Regarding hypothesis one, the coefficients for both 1975-1992 volunteering and 2004 volunteering are highly significant. An index of social participation – a measure of more self-oriented activities such as clubs and sports – is not significant. Thus it is something about

other-oriented activity that is doing it. The specifics of hypothesis two are not explored in this table, but other analyses showed separately that both working for more organizations and volunteering over more time periods increased well-being. These two effects are combined in the 1975-1992 volunteering measure. The coefficient representing the interaction of integration and 1975-1992 volunteering is negative, supporting hypothesis three. Finally, it can be seen in the last column of the table that when mattering is brought into the equation, the effect of 2004 volunteering becomes insignificant. This is a classic interpretation effect: volunteering is related to well-being because volunteering makes individuals feel that they matter to other people in the world..

This recent area of study – the positive consequences of altruism and helping – ties in to positive psychology. One thing stated on a positive psychology website was the following "The challenge is for humanists to develop their signature strengths to contribute to the community and promote the greatest happiness for the greatest number." It now appears that contributing to the community is actually one of the steps towards promoting the greatest happiness for the greatest number. In so doing, as the old Tom Lehrer song says, one is "doing well by doing good."

In conclusion, the field of altruism and helping is not the field it once was. It has evolved from the initial study of emergency intervention to a multi-level approach. We now study other-oriented action from the micro-genetic-physiological level, 3)through the meso-interpersonal level, to the macro-organizational level.

Where do we go from here? I think we need to begin to synthesize research on altruism and helping – largely done in psychology – with research on social movements, activism, and political participation – largely done in sociology. Fifteen years ago, Pam Oliver and I taught a graduate seminar in which we tried to confront the two literatures simultaneously. Here is an extended quote from the beginning of the syllabus Pam Oliver and I drew up in 1993. "These literatures are almost wholly disjoint at present, but our conversations have led us to believe that they address many common problems, and that each "side" to the dialogue will be enriched by an understanding of the insights of the other. We find that there is substantial theoretical and empirical reason to confront these two literatures with each other. At a theoretical level, many of the social psychological processes involved in deciding to move away from self-preoccupation and toward action are similar.

- In both cases, individuals orient themselves to something outside themselves.
- In both cases, this larger orientation often becomes a central component of the person's identity.
- In both cases, the research literature indicates substantial components of inter-generational socialization toward action, and
- substantial influences of social structure on action choices.
- Empirically, both movement activists and charitable altruists seek to deal with poverty, injustice, and important social issues such as health care, education, crime, and peace.
- The two groups construct different understandings about the meanings of their actions, and are often critical of or even antagonistic toward each other. But in practice, helpers and political activists are often allies, and fairly often overlap when the same person engages in both kinds of activities, either simultaneously or sequentially.

On the social movements side, recent literature has stressed the ways "macro" political and economic institutions shape not only inequalities and interests, but the forms of action and struggle that are meaningful and possible. Within these macro structures, micro-mobilization processes are crucial. Individuals create understandings, define interests, and mobilize themselves and others to action within the context of relatively small personalized contexts. Social movements scholars are especially concerned with the problems of the construction of meaning, the interplay between collective and individual identities, and the ways in which action is coordinated and constructed. The phenomena of activist identities and collective political identities, and of commitment and conversion processes, are central to social movements.

On the altruism and helping behavior side, recent literature has focused on the nature of

altruistic motivation, its sources in biology and socialization, and whether such a thing as "the altruistic personality" exists. Increasingly, theorists are attempting to move into the "real world" of volunteering and charitable giving. Earlier literature focused on the impact of the situation in influencing whether individuals will intervene in the momentary problems and emergencies of others. Most of this work was done in laboratories using contrived situations. In this context, how potential helpers go about defining the situation and deciding on their responsibility to provide aid have been important issues for study. Larger cultural and structural aspects of the social world, with the exception of gender and race, have been completely ignored in this work. The helper (or non-helper) has been largely conceptualized as an individual in a social context, not as an interacting member of ongoing social groups."

Unfortunately, I believe that nobody has yet to take the steps that we suggested would be fruitful here. So – I challenge you to do this synthesis of theory and data in these two fields that have so much in common – although I think we all see one as status-quo-conservative and the other as activist-counter- culture-hell-raising (E.A. Ross!) lefty-liberal.

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